

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
Republican Majority Fund

ADDRESS (number and street) 901 N Washington St, Ste 700  
Check if different than previously reported. (ACC) Alexandria VA 22314

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C** C00296640 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 07 / 01 / 2018 through 07 / 31 / 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Koch, Theodore, , ,  
Type or Print Name of Treasurer

Signature of Treasurer Koch, Theodore, , , [Electronically Filed] Date 08 / 15 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**Republican Majority Fund**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		423922.95
(b) Cash on Hand at Beginning of Reporting Period.....	375453.90	
(c) Total Receipts (from Line 19) .....	6733.00	331864.44
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	382186.90	755787.39
7. Total Disbursements (from Line 31).....	87616.47	461216.96
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	294570.43	294570.43
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Republican Majority Fund**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	6250.00	52800.00
(ii) Unitemized .....	483.00	39818.07
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	6733.00	92618.07
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	76000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	6733.00	168618.07
12. Transfers From Affiliated/Other Party Committees.....	0.00	155179.61
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	3066.76
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	6733.00	331864.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	6733.00	331864.44

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	42085.99	335001.32
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	42085.99	335001.32
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	75000.00
24. Independent Expenditures (use Schedule E) .....	35530.48	49095.64
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	2120.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	87616.47	461216.96
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	87616.47	461216.96

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	6733.00	168618.07
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6733.00	168618.07
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	42085.99	335001.32
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	3066.76
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	42085.99	331934.56

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 18
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Republican Majority Fund**

**A. GARDNER, DARIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9101 GLENAEDEN PKWY  
 City GLENARDEN State MD Zip Code 20706-  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) JOCHUM SHORE AND TROSSEVIN Occupation (for Individual) PARTNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 04 / 2018  
**Transaction ID : SA11A.121617**  
 Amount of Each Receipt this Period 750.00  
 Memo Item  
**CONTRIBUTION**

**B. JONES, JAMES, M., MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4510 S. KOMENSKY AVENUE  
 City CHICAGO State IL Zip Code 60632-4032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) REAL ESTATE REALTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 10 / 2018  
**Transaction ID : SA11A.121654**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
**CONTRIBUTION**

**C. DAVIDSON, DAN, S., DR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 EDGEHILL ROAD  
 City SEARCY State AR Zip Code 72143-9488  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 13 / 2018  
**Transaction ID : SA11A.121676**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 18  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Majority Fund**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**PASCALÉ, RAYMOND, M., MR.,**

Mailing Address **35 LONGMEADOW**

City **PINE BLUFF**    State **AR**    Zip Code **71603-6310**

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) **PASCALÉ INDUSTRIES INC.**    Occupation (for Individual) **BUSINESS MANAGER**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
**07 / 16 / 2018**

**Transaction ID : SA11A.121684**

Amount of Each Receipt this Period  
**250.00**

Memo Item  
**CONTRIBUTION**

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City    State    Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)    Occupation (for Individual)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City    State    Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)    Occupation (for Individual)

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>250.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>6250.00</b>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Majority Fund**

Full Name (Last, First, Middle Initial)  
**A. RITCHIE, ANDREW, S., ,**

Mailing Address 1001 4TH STREET, SW APT #317

City WASHINGTON State DC Zip Code 20024

Purpose of Disbursement  
PAC FUNDRAISING/POLITICAL CONSULTING

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.I3759  
Amount of Each Disbursement this Period  
750.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
PAC BANK FEE

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.I3981  
Amount of Each Disbursement this Period  
40.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. CAMPAIGN SOLUTIONS**

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PAC ONLINE FUNDRAISING & PROCESSING FEES

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 03 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.I4021  
Amount of Each Disbursement this Period  
19.88

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

809.88



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Majority Fund**

Full Name (Last, First, Middle Initial) <b>A. OPTIMUS CONSULTING, LLC</b>		Date of Disbursement MM / DD / YYYY 07 / 05 / 2018
Mailing Address 130 NORTH FAYETTE STREET		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I3760</b> Amount of Each Disbursement this Period 6000.00
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement PAC DATA ANALYTICS CONSULTING		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN EXPRESS</b>		Date of Disbursement MM / DD / YYYY 07 / 05 / 2018
Mailing Address P.O. BOX 1270		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I3984</b> Amount of Each Disbursement this Period 10.00
City NEWARK	State NJ	Zip Code 07101
Purpose of Disbursement PAC CREDIT CARD & MERCHANT FEES		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. AMERICAN EXPRESS</b>		Date of Disbursement MM / DD / YYYY 07 / 13 / 2018
Mailing Address P.O. BOX 1270		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I3985</b> Amount of Each Disbursement this Period 742.84
City NEWARK	State NJ	Zip Code 07101
Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMOS		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6752.84

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Majority Fund**

Full Name (Last, First, Middle Initial) <b>A. DELTA AIR LINES</b>		Date of Disbursement MM / DD / YYYY 07 / 13 / 2018
Mailing Address 1030 DELTA BLVD		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I3990</b>
City ATLANTA	State GA	Zip Code 30354
Purpose of Disbursement PAC TRAVEL	Candidate Name	Amount of Each Disbursement this Period [ ] 474.40
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. UNITED AIRLINES INC</b>		Date of Disbursement MM / DD / YYYY 07 / 13 / 2018
Mailing Address 600 JEFFERSON ST		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I3993</b>
City HOUSTON	State TX	Zip Code 77002
Purpose of Disbursement PAC TRAVEL	Candidate Name	Amount of Each Disbursement this Period [ ] 314.20
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. CHAIN BRIDGE BANK</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2018
Mailing Address 1445-A LAUGHLIN AVENUE		FEC Identification Number C [ ] <b>Transaction ID : SB21B.I3982</b>
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement PAC BANK FEE	Candidate Name	Amount of Each Disbursement this Period [ ] 40.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 40.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Majority Fund**

Full Name (Last, First, Middle Initial)

**A. KOCH & HOOS, LLC**

Mailing Address 901 N WASHINGTON ST STE 700

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PAC ACCOUNTING CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 18 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.I3954  
Amount of Each Disbursement this Period  
5623.50

Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICA RISING CORPORATION**

Mailing Address 1500 WILSON BLVD.  
5TH FLOOR

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement  
PAC RESEARCH SERVICES

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 19 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.I3969  
Amount of Each Disbursement this Period  
20500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. CAMPAIGN SOLUTIONS**

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
PAC WEBSITE/EMAIL SERVICES

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 19 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.I3967  
Amount of Each Disbursement this Period  
2536.85

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

28660.35

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Majority Fund**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 SPRING HILL RD  
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
PAC CREDIT CARD/MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 19 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3966

Amount of Each Disbursement this Period

[REDACTED] 57.92

Memo Item

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVENUE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
PAC BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 23 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3983

Amount of Each Disbursement this Period

[REDACTED] 40.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. KRISTOL, JOSEPH, , ,**

Mailing Address 423 E 84TH STREET APT 2

City NEW YORK State NY Zip Code 10028

Purpose of Disbursement  
PAC FUNDRAISING/MANAGEMENT CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 27 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I3976

Amount of Each Disbursement this Period

[REDACTED] 1725.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED] 1822.92

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Republican Majority Fund**

A. **O'DONNELL AND ASSOCIATES, LTD.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2018

Full Name (Last, First, Middle Initial)

Mailing Address 829 EMERALD DRIVE

City ALEXANDRIA State VA Zip Code 22308

Purpose of Disbursement  
PAC COMMUNICATIONS/POLITICAL CONSULTING

C
---

FEC Identification Number

C
---

Transaction ID : SB21B.I4018  
Amount of Each Disbursement this Period

4000.00
---------

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

State: District:

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

C
---

FEC Identification Number

C
---

Amount of Each Disbursement this Period

--

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

State: District:

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

C
---

FEC Identification Number

C
---

Amount of Each Disbursement this Period

--

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4000.00
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**TOTAL** This Period (last page this line number only)..... ▶

42085.99
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Majority Fund**

**A. MATT ROSENDALE FOR MONTANA**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 4907

M M M	/	D D D	/	Y Y Y Y Y
07		12		2018

City HELENA State MT Zip Code 59604

FEC Identification Number

Purpose of Disbursement CONTRIBUTION

C	C00548289
---	-----------

Candidate Name ROSENDALE, MATT, , ,

Category/Type

Transaction ID : SB23.I3947

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify) ▼  
 State: MT District: 00

5000.00
---------

Memo Item

**B. HOUSLEY FOR SENATE COMMITTEE**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1000 UNIVERSITY AVENUE W #10

M M M	/	D D D	/	Y Y Y Y Y
07		19		2018

City SAINT PAUL State MN Zip Code 55104

FEC Identification Number

Purpose of Disbursement CONTRIBUTION

C	C00664219
---	-----------

Candidate Name HOUSLEY, KARIN, , ,

Category/Type

Transaction ID : SB23.I3970

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify) ▼  
 State: MN District: 00

5000.00
---------

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

M M M	/	D D D	/	Y Y Y Y Y

City State Zip Code

FEC Identification Number

Purpose of Disbursement

C	
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Candidate Name

Category/Type

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

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Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

10000.00
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10000.00
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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Republican Majority Fund
FEC IDENTIFICATION NUMBER
C C00296640

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee CONNELL DONATELLI, INC.
Mailing Address 117 NORTH SAINT ASAPH STREET
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure ONLINE ADVERTISING
Name of Federal Candidate: TUCKER, EVERETT, CLARKE, , IV
Office Sought: House District: 02 State: AR
Disbursement For: General 2018
Amount 5000.00
Transaction ID: SE24.3948
Date of Disbursement or Obligation 07/12/2018

Full Name of Payee CONNELL DONATELLI, INC.
Mailing Address 117 NORTH SAINT ASAPH STREET
City ALEXANDRIA State VA Zip Code 22314
Purpose of Expenditure ONLINE ADVERTISING
Name of Federal Candidate: TUCKER, EVERETT, CLARKE, , IV
Office Sought: House District: 02 State: AR
Disbursement For: General 2018
Amount 10000.00
Transaction ID: SE24.3971
Date of Disbursement or Obligation 07/20/2018

(a) SUBTOTAL of Itemized Independent Expenditures 15000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KOCH, THEODORE, ,

[Electronically Filed]

Date 08/15/2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Republican Majority Fund
FEC IDENTIFICATION NUMBER
C C00296640

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: NATURAL STATE MEDIA LLC
Mailing Address: 2790 S THOMPSON STREET, SUITE 101, SPRINGDALE, AR 72764
Purpose of Expenditure: ONLINE ADVERTISING
Date of Public Distribution/Dissemination: 07/01/2018
Amount: 1500.00
Transaction ID: SE24.3950
Date of Disbursement or Obligation: 07/06/2018
Name of Federal Candidate: TUCKER, EVERETT, CLARKE, , IV
Office Sought: House, District: 02, State: AR
Disbursement For: General 2018

Full Name of Payee: ONMESSAGE INC.
Mailing Address: 705 MELVIN AVENUE, #105, ANNAPOLIS, MD 21401
Purpose of Expenditure: MEDIA PRODUCTION
Date of Public Distribution/Dissemination: 07/29/2018
Amount: 4000.00
Transaction ID: SE24.3975
Date of Disbursement or Obligation: 07/25/2018
Name of Federal Candidate: TUCKER, EVERETT, CLARKE, , IV
Office Sought: House, District: 02, State: AR
Disbursement For: General 2018

(a) SUBTOTAL of Itemized Independent Expenditures: 5500.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KOCH, THEODORE, ,

[Electronically Filed]

Date 08/15/2018

Signature



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Republican Majority Fund
FEC IDENTIFICATION NUMBER
C C00296640

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee THE LUKENS COMPANY
Mailing Address 2800 SHIRLINGTON ROAD 9TH FLOOR
City ARLINGTON State VA Zip Code 22206
Purpose of Expenditure DIRECT MAIL
Name of Federal Candidate: TUCKER, EVERETT, CLARKE, , IV
Office Sought: House District: 02 State: AR
Disbursement For: General 2018
Amount 5010.16
Transaction ID: SE24.3949
Date of Disbursement or Obligation 07/02/2018

Full Name of Payee THE LUKENS COMPANY
Mailing Address 2800 SHIRLINGTON ROAD 9TH FLOOR
City ARLINGTON State VA Zip Code 22206
Purpose of Expenditure DIRECT MAIL
Name of Federal Candidate: TUCKER, EVERETT, CLARKE, , IV
Office Sought: House District: 02 State: AR
Disbursement For: General 2018
Amount 5010.16
Transaction ID: SE24.3972
Date of Disbursement or Obligation 07/16/2018

(a) SUBTOTAL of Itemized Independent Expenditures 10020.32
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KOCH, THEODORE, ,

[Electronically Filed]

Date

08 / 15 / 2018

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Republican Majority Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00296640
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Check if  24-hour report  48-hour report ▶  New report  Amends report filed on MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item <b>THE LUKENS COMPANY</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 25 / 2018</b>	
Mailing Address <b>2800 SHIRLINGTON ROAD 9TH FLOOR</b>		Amount <b>5010.16</b>	
City <b>ARLINGTON</b>	State <b>VA</b>	Zip Code <b>22206</b>	<b>Transaction ID : SE24.3973</b>
Purpose of Expenditure <b>DIRECT MAIL</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2018</b>
Name of Federal Candidate: <b>TUCKER, EVERETT, CLARKE, , IV</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>02</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>49095.64</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate:		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<b>5010.16</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....	
<b>(c) TOTAL</b> Independent Expenditures .....	<b>35530.48</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KOCH, THEODORE, , , *[Electronically Filed]* Date MM / DD / YYYY  
Signature **08 / 15 / 2018**